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# **Community Paramedic— The Minnesota Project**

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2012**



# Curriculum—Phase II

## Clinical Skills @15-146 hours



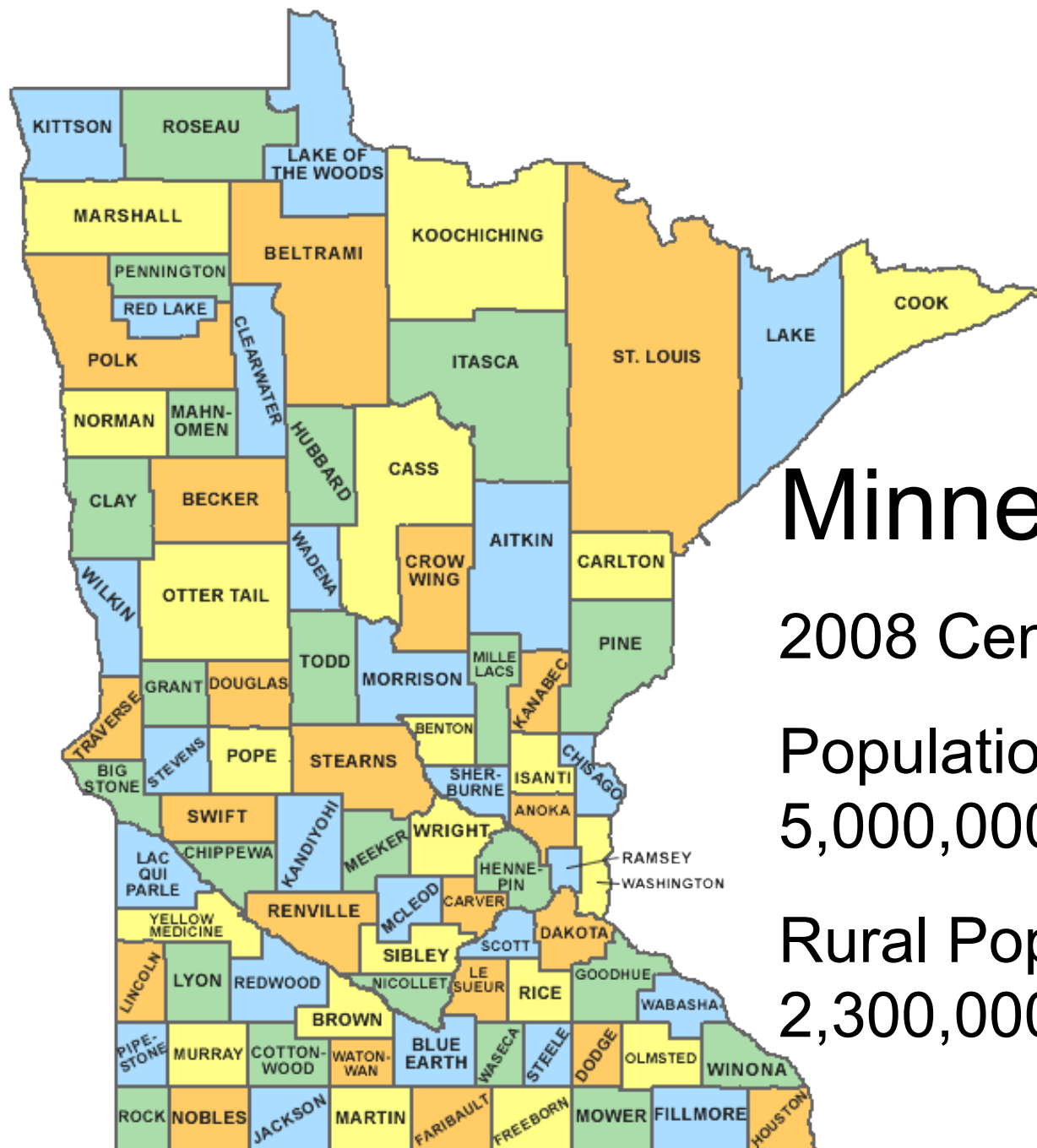
# **Community Paramedic Minnesota's Pilot Project**

# United States





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# Minnesota

2008 Census

Population:  
5,000,000

Rural Population:  
2,300,000

# Fundamentals of the Minnesota Project

- **Funded by a Grant from the Minnesota Department of Health, office of Rural Health**
- **Curriculum design consisted of four modules one of which was a clinical tract**
- **Experienced paramedics were chosen as the first group of candidates mitigating the need for a lengthy clinical training requirement**

# Project Design

- **Two years of planning led to the selection of 8 student candidates**
  - All are heavily involved in providing advanced EMS care throughout the state
  - Several provide critical care transport services as flight or ground medics
  - Three serve as educators of advanced emergency medical services
  - All provide services under the license of a medical director

# Project Design cont...

- **Course work began in January 2009**
- **Classroom work (pictures follow)**

















04/27/2009













# Externship Work



# Shakopee Mdewakanton Sioux Community

Mobile Clinic and Emergency  
Management







# Mobile Clinic and Emergency Management Vehicle

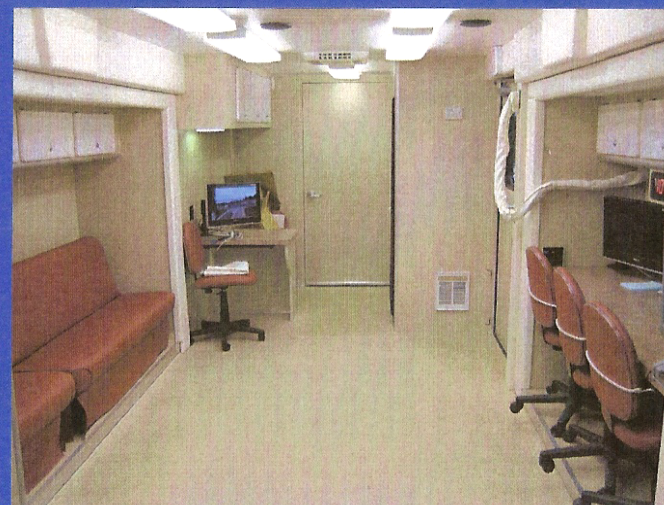






# Communications Capabilities

- 2- Dispatch Positions;
  - 800 Mhz radios
  - VHF
  - UHF
  - Marine
  - CB
- Cross patch capabilities.
- 30- Metro Region 800 Mhz portable radios







# Exterior Briefing Area

- Exterior Briefing Area
  - 42" LCD T.V. with;
    - CCTV
    - Satellite T.V.
    - DVD/VCR
- Canopy area
- PA System
- An observation deck on the top of the trailer.

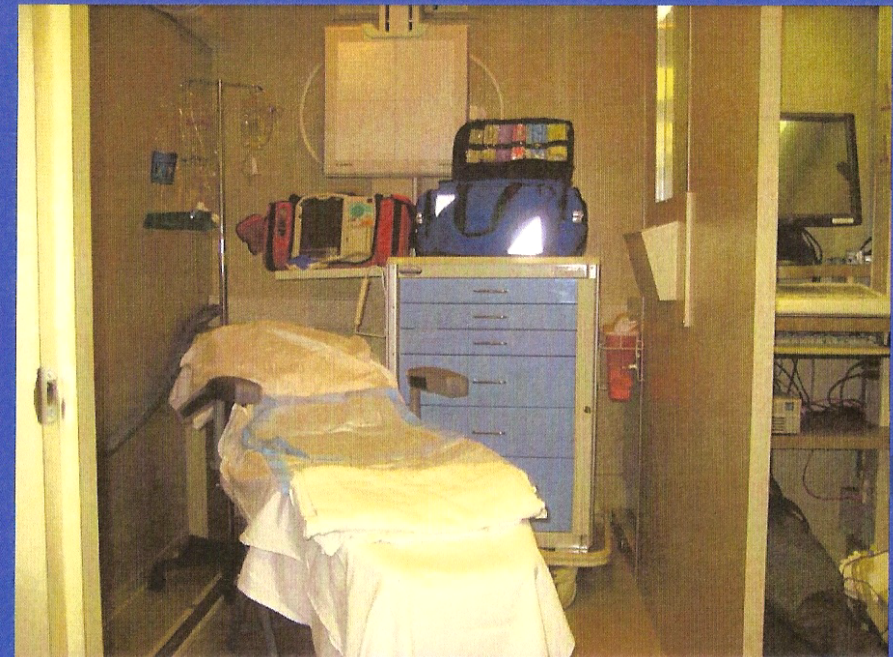






# EMS Capabilities

- 4- Patient beds.
- 12 lead cardiac monitor.
- 3- AED's with 3 lead monitoring.
- ALS bag.
- Crash cart.
- Wheel chair lift.
- Mammography suite.
- Chest X-ray suite.
- Staffed with Paramedics

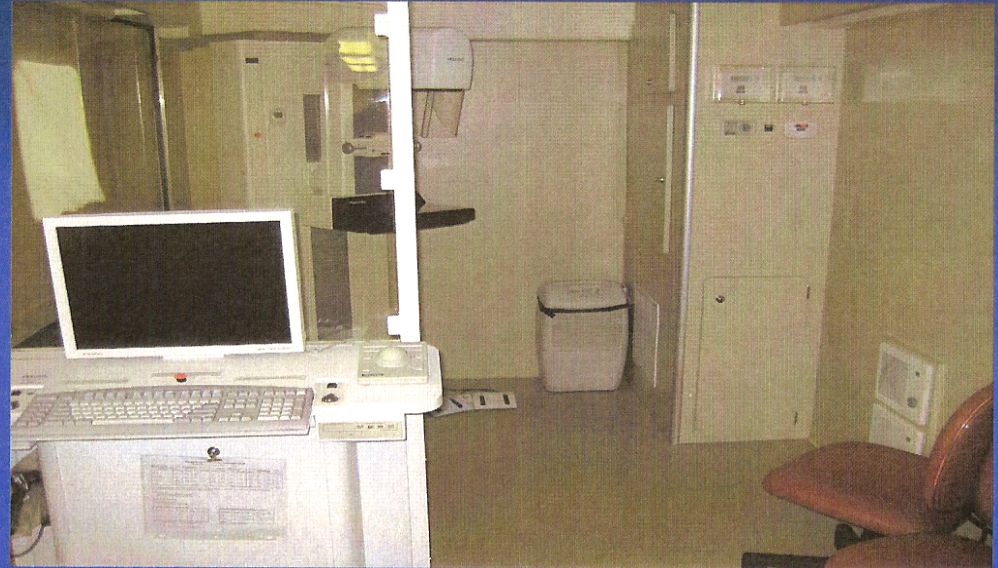






# Clinic Capabilities

- 2 Exam rooms
- Waiting area
- Lab
- Bathroom
- Mammography
- X-Ray
- Dental





# Venues of Care Using the CP Model

- Provision of mobile clinics for Native American populations
- Provision of “free clinics” for communities of need
- “Chase Car” concept
- Regional disaster response teams (Strike Teams)
- Federal disaster response teams (Homeland Security-DMAT Units)
- Critical Access hospital providers (Emergency Departments, Home Health Care)



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# **Overcoming Obstacles to Community Paramedicine**

# Establish a Need for the Service

- Limited access to care in rural areas
- Limited access to care for the uninsured, the indigent and people of diverse culture



# Establish a Dialogue with Stake Holders

- **Public Health Personnel**
- **EMS organizations**
- **Healthcare Providers**
  - Physicians, Nurse Practitioners, Physicians Assistants, Nurses, Hospitals and Clinics
- **EMS candidates**

# **Refrain from Change in Scope of Practice**

- Emphasize the Program as a Compliment to Present Healthcare Provision**

# Determine Revenue Streams

- **Critical Access Hospitals**
- **Home Health Care Programs**
- **Hospice Care**
- **Geriatric Care**
- **Mass Casualty Event Management**

# Develop “Champions”

- **Physicians**
- **Public Health Nurses**
- **EMS Providers**
- **EMS Medical Directors**
- **The Public**

# **Emphasize the Program as a New Career Track for EMS**

- Develop Partnerships with Colleges and Universities**
- Achieve Degrees in Associate in Arts, Bachelor of Arts and Master of Arts**
- Develop a Modular Approach for Provision of Training**

# **Develop a Method to Determine Outcomes**

- Restructure training based upon the information obtained**
- Emphasize improvements in health care**
- Show cost savings to third party payers**



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